	8 <	Yes	nt child n Ethics.	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	ed" income, tr /er "yes" unle:	ets, "unearne Do not answ	Have you excluded from this report any other assets, "unearned" income, transactions, or libecause they meet all three tests for exemption? Do not answer "yes" unless you have first	Have you excluded from because they meet all t	Exemptions	Exem	
	N	Yes 🗌	t be	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	mmittee on Et a trust benefi	ed by the Con Stails of such	lified Blind Trusts" approv xcluded from this report de	Details regarding "Qua disclosed. Have you e	٣	Trusts	
		SNC	JESTIC	I ANSWER EACH OF THESE QUESTIONS	RMATION	ST INFO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	- SPOUSE, DEPI	ION OF	XCLUS	l m!
) ě.	_	SC			If yes, complete and attach Schedule V.	omplete ar	if yes, c	
•	priate	the appro	red and	Each question in this part must be answered and the appropriate		Yes ✓ No	any reportable liability	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	your spouse an \$10,000) c		<u>.</u> <
				If yes, complete and attach Schedule IX.	Ify			if yes, complete and attach Schedule IV.	omplete ar	If yes, c	
	 8 <	Yes [an outside	Did you have any reportable agreement or arrangement with an outside entity?	□ ≅	Yes 🗸 No		Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	your spouse le asset in a		₹
ı	No	Yes	of filing in t	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year? If yes, complete and attach Schedule VIII.) VIII.	Yes 🗸 No 🗆		Did you, your spouse, or a dependent child receive "unearned" Income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	your spouse in \$200 in the in \$1,000 at t complete ar		Ē
1				If yes, complete and attach Schedule VII.	ıf y			If yes, complete and attach Schedule II.	omplete ar	If yes, c	
	 8 €	of Yes	rtable trave re than \$35(Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?	≨.	Yes No	lieu of paying	Did any individual or organization make a donation to charity in you for a speech, appearance, or article in the reporting period?	individual or speech, app		=
				If yes, complete and attach Schedule VI.	ı f			If yes, complete and attach Schedule I.	omplete ar	If yes, c	
	□ 8 <	Yes	ortable gift in ot otherwise	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	<u></u>	Yes 🗸 No 🗌	g., salaries or fees) of \$200	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	or your spou from any sou		÷
				TIONS	SE QUEST	OF THES	ANSWER EACH OF THESE QUESTIONS	INFORMATION -		PRELIMINARY	70
	days	more than 30 days late.	mor late.	Termination Date:	Termination	☐ Terr	☐ Amendment	Arinual (May 15)		Report Type	
STALLS	ty shall against	A \$200 penalty shall be assessed against anyone who files	A \$i	Or Employing Office:	☐ Officer Or Employee		State: NJ ltives District: 2	Member of the U.S. House of Representatives	<u> </u>	Filer Status	
E Z	Only)	Officerotise	# ₀	(Daytime Telephone)			(Full Name)	(Fi			
2012 MAY 15 PM 1: 39	S PH I	2012 MAY 15 PM 1: 39	2	202-225-6572			Frank A . LoBiondo	Frank <i>F</i>			
		DELIVERED	<u></u>	FORM A Page 1 of 9 For use by Members, officers, and employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	TES HOUSE (D STA AR YEAR	UNITE	
		b							t .		

SCHEDULE I - EARNED INCOME

Name Frank A. LoBiondo

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Farley & Farley Realty, inc. Self-Employed Income	Source	Туре	Amount
	Farley & Farley Realty, Inc.	Self-Employed Income	

-	,	4	ř	b	
	Ļ	į	١	,	
-	ľ		١	Ì	
			ì		
ì					
i	ľ	1		1	
i	Ė			i	
	٠				
- (
1	ľ				
	•			8	
-					
	1				
	ľ	•			
	1	ļ	١	١	
	ĺ	'n	ŕ	١	
- 1	ì	1			
	Į	ı		Į	
1	r	1	ľ		
- 1	•			i	
				ļ	
	ŀ	ı		ì	
	٠				
•	ł	G			
				٠	
-	4	2			
1		•			
	ζ				
1)	
	֡)	
	(_)	
		_			
(
	֡֜֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜				
	֡֜֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜				
	֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜				
	֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜				
	֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜				
	֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Frank A. LoBiondo	LoBiondo		Page 3 of 9
BLOCK A	BLOCK B	вгоск с	BLOCK D	BLOCK E
Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Year-End Value of Asset At close of reporting year. If you use a valuation	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(k)	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	(such as 40 (lk) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	"None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned	reporting year.
For rental or other real property held for investment, provide a complete address.			oi geliefateu.	
For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.				
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
Congressional Federal Credit Union	\$1 - \$1,000	INTEREST	NONE	
LoBiondo Bros. Motor Express 401(k) Profit Sharing Plan American Fund Group	None	None	NONE	
American Funds - IRA Rollover	\$100,001 - \$250,000	None	NONE	
LoBiondo Bros. Motor Express, Inc. Common Stock	None	None	NONE	
IRA Account-Franklin Growth	None	None	NONE	
IRA Account- ING Select Advantage	\$50,001 - \$100,000	None	NONE	

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Frank A. LoBiondo	LoBiondo		Page 4 of 9
JT	Residential Real Estate 3100 ElmRock Place LasVegas NV	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
SP	Silver State Schools Credit Union-Checking #01	\$1 - \$1,000	None	NONE	
SP	Silver State Schools Credit Union-Savings # 82	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	MetLife	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Jannet Montgomery Scott-IRA Rollover- Dreyfus/Russell Group-see attached	\$50,001 - \$100,000	None	NONE	יס
SP	Ocean City Home Bank-Classic Checking #2212	\$1,001 - \$15,000	None	\$1 - \$200	
SP	Ocean City Home Bank- Savings #2120	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	TD Bank - Savings #8907	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	TD Bank - Checking #5989	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Frank A. LoBiondo

Page 5 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	LoBiondo Bros Motor Express 401(k) Profit Sharing Washington Mutual	E	N/A	07-01-11	\$100,001 - \$250,000
SP	Jannet Montgomery Scott-IRA Rollover- Dreyfus/Russell Group- see attached	Р	N/A	01-13-11	\$15,001 - \$50,000
SP	JMS IRA RolloverlShares Trust	S	No	01-13-11	\$1,001 - \$15,000
SP	JMS IRA RolloverVanGuard Total Bond	S	N _o	01-13-11	\$1,001 - \$15,000
SP	JMS IRA Rollover Van Guard European ETF	S	N _o	01-13-11	\$1,001 - \$15,000
SP	JMS IRA Rollover Wisdom Trust	S	N _o	10-17-11	\$1,001 - \$15,000
ŞP	JMS IRA Rollover VanGuard Emerging	S	No	01-13-11	\$1,001 - \$15,000
SP	JMS IRA Rollover Sector SRDR	S	No	03-25-11	\$1,001 - \$15,000
SP	JMS IRA RolloverlShares	Ø	No	05-12-11	\$1,001 - \$15,000
SP	JMS IRA Rollover I Shares Germany	S	No	10-17-11	\$1,001 - \$15,000
SP	JMS IRA Rollover RYDEX	Ø	No	09-12-11	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Frank A. LoBiondo

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

JT DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
ЧS	JMS IRA Rololver I Shares S&P North	S	N _o	10-17-11	\$1,001 - \$15,000
SP	JMS IRA Rollover Market Vectors ETF	S	N _o	10-17-11	\$1,001 - \$15,000
SP	JMS IRA Rollover Poershares Trust	S	No	10-17-11	\$1,001 - \$15,000
SP	JMS IRA Rollover SRDR Index	S	No	10-17-11	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Frank A. LoBiondo

Page 7 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or aibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgates on personal residences.

JΓ	ΙΓ	SP, DC,
Wells Fargo Bank	Silver State Schools Credit Union	Creditor
Dec 2012	Sept 2007	Date Liability Incurred
Mortgage on 8 S Somerset Avenue Ventnor NJ	Mortgage on 3100 Elmrock Place LasVegas NV	Type of Liability
\$500,001 - \$1,000,000	\$100,001 - \$250,000	Amount of Liability